Disability and Discourse Analysis

By J. Grue (2015)

Farnham: Ashgate, 140pp.

Reviewed by Rod Hermeston

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Grue's *Disability and Discourse Analysis* makes comparisons between Scandinavia, the United Kingdom and the United States with the aim of providing an analysis of the ways in which disability can be talked about, and considers the implications of this for scholarship, political organisation and identity, among other things.

The first chapter outlines Grue's analytical approach, arising mainly from Critical Discourse Analysis (CDA). He notes that disability has been insufficiently scrutinised from such an approach. Grue outlines a 'minimal toolkit' (p. 22) for analysis, emphasising that texts (written or spoken) will be central to his analysis. Disability discourse influences 'discourse objects' (texts like benefit application forms and accessibility signs), but disability discourses are also influenced by other orders of discourse such as the political, economic and medical (pp. 19–20). Grue further outlines elements of the 'toolkit' ultimately taken from rhetoric and theories of argument, and developed by Toulmin and later Wodak. These are 'claims, warrants and grounds' describing the arrangement of 'propositional content' and the way propositions rely on assumptions and presuppositions (pp. 20–1). Finally, he outlines 'topoi', treating them as 'argumentation schemes' and 'common-places' that reflect beliefs and that can be inserted into sometimes conflicting arguments (p. 22).

In the second chapter, Grue sets out to introduce and explain disability scholarship using CDA. The chapter examines the manner in which,

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historically, discourses of disability – including the meaning of the word *disability* itself – have been influenced by medicine. However, he summarises both disability studies in various countries and the models of disability that have arisen. Thus, in the United States disabled people are defined as a cultural or ethnic minority group (minority model), in the United Kingdom they are an oppressed class (social model), and in Scandinavia they are beneficiaries of interventions and welfare because of expectations placed on them by the state (the gap model). All three models, to some degree, view disabled people as a socially constructed group. Models are useful if seen as tools but when seen as ‘global ideological frameworks’ incompatibilities arise (p. 35). Put simply, the social model does not sufficiently acknowledge impairment as a causal element in disability, the minority model fails to include economic and political causes, and the gap model is too optimistic. In understanding the models, Grue conceives of them as operating within rhetorical situations – rhetorical responses to certain *exigencies* or communicative emergencies. Frequently, models are based on topoi that provide only partial explanations of disability, leading to ‘dogmatic precepts’ that have, for instance, led to theoretical divisions between the medical and social which were never truly embraced by scholars (pp. 41, 46).

The next two chapters consider the way that disabled people are pressured towards or pushed away from a disabled identity. Thus, the third chapter discusses the medical model (much opposed by minority, social and gap model proponents). Grue prefers to discuss it in terms of medical discourses of disability. Medical approaches have been conceived by disability scholars as controlling and oppressive through their emphasis on cure and prevention as solutions to disability. However, Grue considers the uses to which medical discourses are put. The Norwegian disability umbrella group FFO (*Funksjonshemmedes Fellesorganisasjon* – Federation of Organisations of Disabled People), he notes, includes groups representing physiological, mental or chronic illnesses, members of whom may not identify with the stigmatised identity of disability. Yet FFO anchors groups together using medical discourse while using social and minority model language in its national strategic campaigns. Looking at individual stories of disability in the publicity material of specific organisations that comprise FFO, Grue also notes that medical language is used for differing purposes. Those with neuromuscular conditions may be more likely to identify as disabled than those with ME (myalgic encephalomyelitis), who hold out for a cure. Despite these complicating points, Grue’s initial conclusion to the chapter is that, even in contexts where language about disability and socio-political ideas appear dominant, medical discourse is ‘nearly hegemonic’ (p. 72). Tellingly, Grue notes that *disability* as a word seems threatening

or irrelevant to many people with chronic illnesses. Overall, most people prefer medical identification as potentially temporary rather than disability, which is perceived as permanent and stigmatised.

Chapter 4 returns to comparisons of Anglo-American and Scandinavian discourses of disability. The Scandinavian gap model reflects a disparity between demands made by a benevolent society and the capabilities of disabled people. In the Anglo-American discourse, disability results not from a gap but from oppression. Grue discusses the relationship of Norwegian disabled people to their country's Discrimination and Accessibility Act (DAA), an equality law of 2009, as a series of interacting topoi. Grue argues that social construction and recognition of discrimination is privileged over the medical in the DAA. Yet despite an apparent dominance of social topoi, individuals must accept medical certification that something is 'wrong' with them in order to use the law (pp. 88–92). In addition, there is an actual need for medical topoi to address consequences of impairment. Declaring a disability will still involve individuals weighing concepts such as stigma against perceived benefits and rights.

Grue argues that Chapter 5 is at the heart of the book. It asks why there are not more conversations about disability and why so few people actively embrace, even celebrate, an identity as disabled. He deals with the idea that disability is associated with 'debility' to the extent that it is difficult to think of proud rallying cries (pp. 97–8). He notes that elderly people do not see themselves as disabled, and classically or stereotypically disabled people are not thought of as elderly. Crucially, Grue notes that the personal transformation involved in active identification is a switch from perceiving disability as a stigmatised state involving social exclusion and a permanent condition to perceiving it as an activist's tool. Grue does not claim that it is the job of academics to shift people's thinking from a medical problem frame to a social relational frame. However, he does argue that academics should offer more topoi to discussions of disability.

Chapter 6 notes that while identities of individuals and groups are unstable and depend on purpose and context, media discourse provides many stereotypes and idealised types of disabled people. Grue calls the ideal types of the 'tragic victim' or 'resilient hero' discourse objects with social impacts (p. 109). He notes, for instance, that disabled people must fit these 'narratives' to gain access to media representation (p. 109). Grue particularly focuses on the 'supercrip' stereotype in the chapter, which follows a cause and effect topos, with impairment being a cause of achievements (p. 110). Grue examines the TV series *Ingen Grenser*, a Norwegian reality TV show in which physically impaired people embark on expeditions in very difficult terrain, and also depictions of Paralympians and Hollywood

superheroes to illustrate the construction of the ‘supercrip/cyborg’ (pp. 114–15). All three draw on the cause (impairment) and effect (achievement) topos and frame impairment as something that can and should be overcome – in these cases through technology or willpower.

Grue concludes that his book has been about the role of language shaping how we perceive the world, but also how it frames reality. The book stresses that dichotomies have emerged between chronic illness and impairment, and social versus medical models, which are unhelpful constructs. He also stresses the need for disability studies to reach out into new conversations to increase identification of disabled people.

Grue is entirely right to note that disability has not been sufficiently explored from a discourse analytic perspective. The only other major book that I know of from such a perspective is that edited by Corker and French (1999). In this respect, Grue’s contribution is important. Nevertheless, I have difficulties with Grue’s approach to and claims about CDA. He argues that texts are central to his analysis but, nevertheless, states that CDA has moved its interest ‘from features of text to social situations and relations’ studying texts as ‘a means to an end, not as an end in itself’ (pp. 16–17). This is in line with the emphasis by Corker and French (1999:11) on ‘co-texts’ (context, history, politics and so on) in their edited collection. Grue’s claim about CDA has some truth. Nevertheless, the shift away from studying texts in linguistic detail and towards context has been challenged recently by Jeffries (2014:410) as lacking scientific rigour and methodological precision in its linguistic approach. Jeffries (2010:3; 2014:412; 2015:159) is keen to position the Critical Stylistics approach that she instead espouses within the wider enterprise of CDA, stressing that both are preoccupied with examining and exposing ideology in texts, and both take into account context, but she emphasises the need for a set of tools for close linguistic analysis to detect encoded ideologies. These tools include close analysis of noun phrase structure, transitivity patterns and so on (Jeffries 2010). Grue (pp. 3, 8), on the other hand, downplays textual grammatical structures despite acknowledging their potential importance. Hence, scholars hoping to find tools for close linguistic analysis of disability-related texts will be disappointed. Grue actually uses the ‘minimal toolkit’ that he describes in Chapter 1 with a fairly light touch. This and the nature of the toolkit itself certainly makes it accessible to non-linguists. Nevertheless, given that disability scholars repeatedly claim that language is central to their work (cf. Burke 2008:i), there is a need to go beyond major preoccupations with labels and context that I often detect in scholarship, and to use close linguistic analysis to understand why language has the power it does to encode ideologies of disability. Indeed, I have begun to outline methodologies for exactly this type of analysis (Hermeston 2017).

Grue intends the book to be about the uses to which language, discourse and ideas are put, sometimes not matching how people say they are using these. One can see this in particular in his discussion of models of disability. The social model may be espoused by scholars who also distance themselves from it (cf. Shakespeare 2014:44–5). In this sense Grue's book, at the very least, adds to the growing acknowledgment of the limitations of social models. Grue also repeatedly notes the power of medical discourse, and the power of discourses that frame disability or impairment as something that may be imposed as a category, avoided, used strategically alongside a near hegemonic medical discourse, or as something that should be overcome. Hence, perhaps this detailed and informative discussion, comparing as it does the situation in Britain, Scandinavia and the United States, is effective in explicating one of Grue's central questions in terms of why more people do not identify as disabled. Multiple discourses in shaping reality have not permitted it and may not permit an active celebratory identification. Disability is still stigmatised (Shakespeare 2014:98–9). One does feel that the power of medical or corrective discourse plays a major role in this, and hence there continues to be a pressing need to counter their dominance.

As noted already, the book constitutes a necessary addition to the field of CDA, which along with numerous other academic disciplines purporting to promote equality issues, may fail even to acknowledge disability. Likewise, the detailed engagement with international approaches will be a very useful contribution to disability studies itself. The book will be of great interest to researchers across the disability field, postgraduate students and also undergraduates, as an informative, insightful and sometimes humorous exploration of disability politics, culture, identity and so on.

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